Attorney Docket No. 111190.121-US1 **BEST AVAILABLE COPY** <u>PATENTS</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of   :

Leo M. ROZMARYN   :   Confirmation No.: 7375

Serial No. 10/717,912   :   Group Art Unit: 2855

Filed: November 21, 2003   :   Examiner: Jewel Vergie Thompson

For: SYSTEM AND METHOD FOR MEASURING THE MOTOR STRENGTH
        OF HUMAN THUMB OR FINGER

PETITION FOR EXTENSION OF TIME

Honorable Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

   Applicant petitions the Commissioner for Patents to extend the time for response to the Office Action dated September 30, 2004 for two months, from December 30, 2004 to February 28, 2005.

   Please charge the fee of $225.00 for a small entity to cover the cost of the extension to Deposit Account No. 08-0219. Any deficiency or overpayment should be charged or credited to Deposit Account No. 08-0219.

                          Respectfully submitted,

                          Wilmer Cutler Pickering Hale and Dorr LLP

                          Irah H. Donner
                          Registration No. 35,120

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New York, NY 10022
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Date: _____2/28/05_____

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number 10717912

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20=	6
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐   OR   OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=	54	OR	XS18=	
X43=	172	OR	X86=	
+145=		OR	+290=	
TOTAL	611	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A 2-28-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	26	Minus	26	=
Independent	7	Minus	7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY   OR   OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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